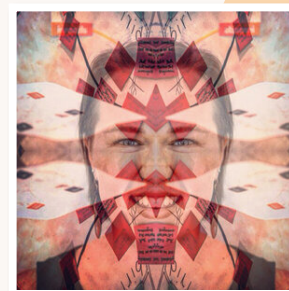
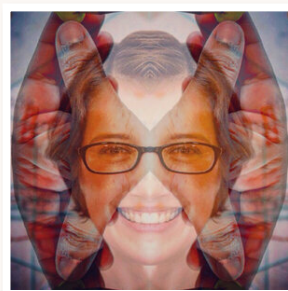
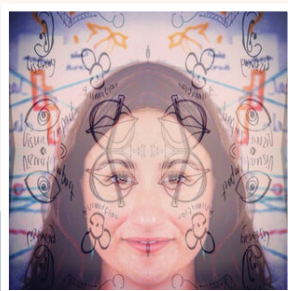
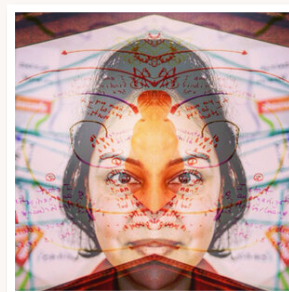
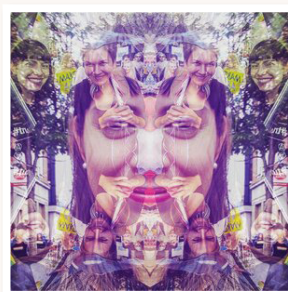
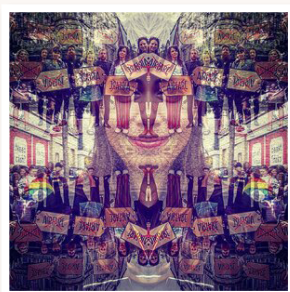
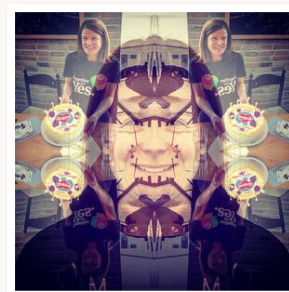
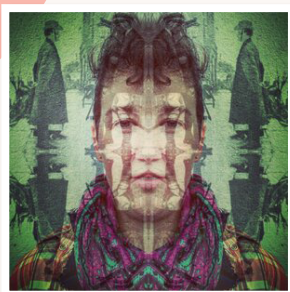
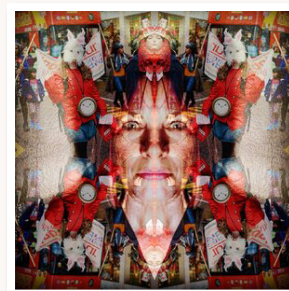
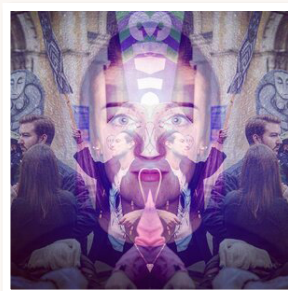




Transforming Abortion Law

Strategies for abortion law
reform movements:
Lessons from Northern Ireland

Claire Pierson, Fiona Bloomer and Liza Caruana-Finkel



Introduction

Abortion law reform movements involve a broad constellation of actors and often takes years of committed activity to bring about change.

Restrictive abortion laws can range from full criminalisation through to restrictions based on gestational limits or reasons when abortion can be performed, the regulation of facilities that are authorised to provide abortions, and mandatory waiting periods. Access to abortion is also limited by barriers such as social stigma, lack of knowledge about abortion services and restrictive healthcare provision. Abortion law reform movements, as well as working on legal change, must focus on the particular social and political context and challenge dominant framings of abortion in order to ensure that barriers to access do not continue after laws have been changed.

Globally, organising and mobilisation to reform abortion laws have resulted in recent significant wins in countries such as Iceland, New Zealand, South Korea, Colombia, Mexico, Argentina and Gibraltar.

The [covid-19 pandemic](#) also enabled policy and practice changes to improve access to abortion, such as through the increased use of telemedicine in England, Scotland and Wales. These changes have now become permanent. In other jurisdictions a roll back of abortion rights alongside conservative gender politics has been observed. These examples include: Poland, where [abortion seekers face an almost complete ban](#) and one [activist faces prosecution](#) for aiding abortion; several US states which have witnessed [escalating restrictions](#); Russia, where the government has [plans to halve the number of abortions](#); and Honduras, which has [moved to reinforce a total abortion ban](#). In other contexts, laws are so restrictive that they cannot be rolled back any further. In Malta, which already has a total ban on abortion, a recent proposal to decriminalise abortion was met with opposition and blocked from progressing.

This document is based on strategies used in Northern Ireland, however this document is not a comprehensive retelling of the story of decriminalisation of abortion in Northern Ireland, which can be found [elsewhere](#). Suffice to say, until 2019, abortion was criminalised under most circumstances and restrictive laws forced around 1000 women and pregnant people per year to travel to England to access services or to order abortion pills online illegally to use at home. The Northern Ireland (Executive Formation etc.) Act decriminalised abortion through repeal of sections 58-59 of the 1861 Offences Against the Person Act. Following this, the Abortion (Northern Ireland) Regulations 2020 were passed and came into effect in March 2020 allowing for [abortion up to 12 weeks gestation](#) and after this under specific conditions.

This report of course acknowledges that whilst legal change has happened in Northern Ireland, barriers to access continue. The Department of Health have refused to commission abortion services, claiming that they are regarded as a contentious issue and therefore under the Ministerial Code must be subject to approval at the Executive level. Whilst interim services have been provided on an ad hoc basis, these are not sustainable in the long-term. There have also been a number of interventions at the Northern Ireland Assembly level to attempt to roll back the reforms already made, in particular in the case of abortion in non-fatal fetal anomaly.

We also recognise that there cannot be a one size fits all approach to movement building and progressing legal change. However, we present ideas here under four thematic headings which we consider as integral elements of strong movement building which may be useful in other contexts.

This document was produced by the authors and workshopped in Belfast in March 2022 with a range of abortion rights actors, including Emma Campbell (co-convenor of Alliance for Choice Belfast), Leanne Morgan (Doctors for Choice NI), Kellie Turtle (Faith Voices for Choice NI), Jakki Hanlon (Alliance for Choice) and Laura Sirabella (PhD researcher). Input was also gained from Danielle Roberts (Here NI). Where relevant, we have provided links to examples of openly available publications and projects within the pages that follow.

1.

Creating an evidence base

Myths about abortion, such as connecting abortion to physical and mental illness or stereotypes about the types of people who have abortions, are common, particularly in restrictive legal contexts where stigma restricts open conversations. These myths are easily refuted but are repeated so frequently they are accepted as fact. They often frame negative attitudes to, and discussions about, abortion. Therefore, a key strategy of movements is to create and present an evidence base which provides clear factual accounts of abortion.

- **Statistics on abortion can be difficult to access**, particularly in restrictive regimes. For people who travel to countries such as England, the Department of Health keeps statistics on the country of origin of those accessing abortions. This information can then be used to [demonstrate how many girls, women and pregnant people access abortions](#). Organisations that provide abortion pills, such as Women on Web and Women Help Women, sometimes provide statistics on the number of enquiries received from specific countries.
- **Evidence can also be gathered through research.** Surveys and opinion polls can often illustrate more nuanced perspectives on abortion than are found in dominant public discourse. Research in partnership with NGO providers, abortion funds and activists can also highlight the significant problems that restrictive abortion laws bring.



- **Anti-abortion groups often have well-funded and visual campaigns.** Understanding the strategies and the arguments that they use is important in creating a body of knowledge on abortion. Many of the myths about abortion came first from global anti-abortion groups.
- **Presenting information** – Information can be presented through briefings and reports, but may be more accessible and resonate better with people when presented through social media, arts and culture. Examples used in Northern Ireland included blogs, short videos, exhibitions, plays, music, film, and public art.
- **Examining discourses** – The way we speak about abortion is important in understanding how we mobilise support and change. For example, research conducted on Northern Ireland political discourse illustrated how negative attitudes towards abortion changed over time from a discourse of women accessing abortions being ‘bad women’ to being women who needed to be protected from abortion providers by the state. Understanding these discourses helps to challenge and refute unreliable information about abortion.



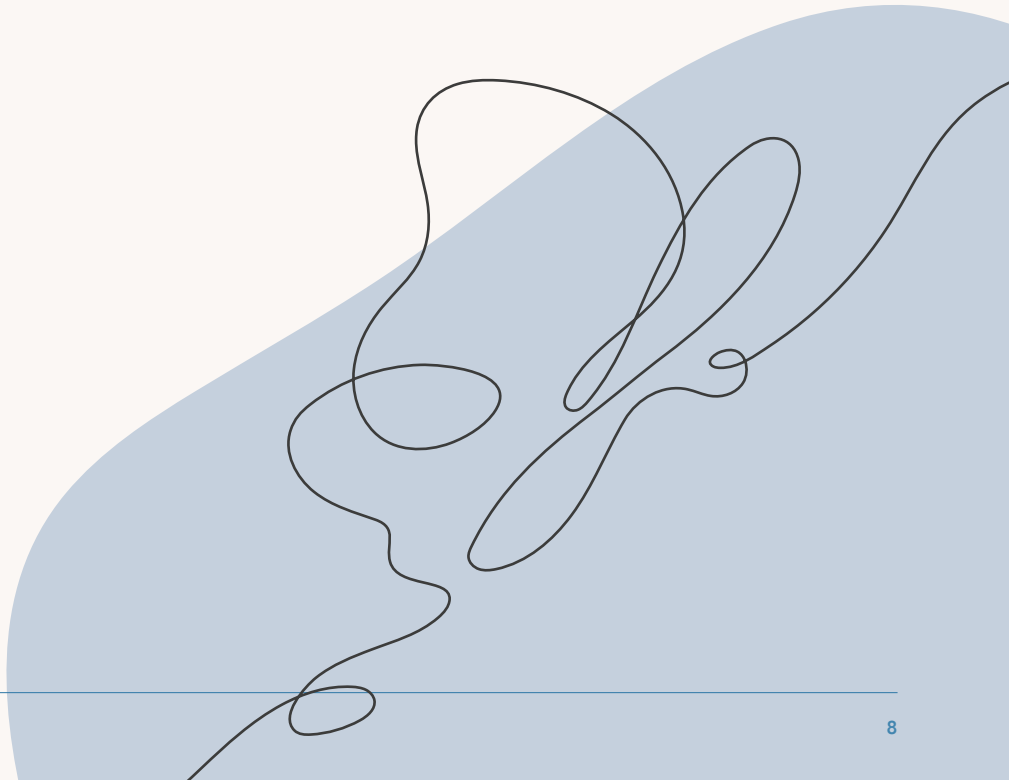




2. Identifying allies

Abortion rights movements are often small, committed groups of people working together for long periods of time. Mobilising momentum for change involves gathering together wider groups of people, some of whom may not be considered natural allies of social justice movements.

- **Healthcare** – Health professionals have often been involved in movements for change, particularly in the past through their experiences of managing ‘backstreet abortions’. However, they can also be blockages to access, in particular through conscientious objection. Bringing health professionals on board brings a distinct legitimacy to movements as service providers. This can occur through methods such as joining activist campaigns or research which may demonstrate that conscientious objection is not as serious a problem as anticipated.
- **Trade unions** – The joining of workers rights and abortion rights may not seem immediately relevant, but as the research *Abortion as a Workplace Issue*, funded by a coalition of Irish trade unions, illustrates is that restrictive abortion laws and stigmatising attitudes have an impact on working life. As highlighted in [media coverage of the study](#), women and pregnant people seeking abortions have been isolated in the workplace, and have to travel or take time off work to access services. Trade Unions and student unions and societies can also provide support for campaigns, protests, and rallies.
- **Religious/faith groups** – Religion is frequently cited as the main reason for opposition to abortion. Societies with higher rates of religious observance are more likely to have restrictive laws. Creating safe spaces to talk about abortion is vital. However, this takes time in high risk environments in morally conservative settings. The first public event in Northern Ireland on abortion and religion was held in 2015; it was six years before a faith and abortion organisation was set up.

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- **Cultural leaders** – Not all people will engage with abortion rights debates and information; however, engagement can happen outside of traditional public and political debate. The role of the arts and cultural sector cannot be understated, and the telling of stories and presentation of ideas through art can have incredible resonance with audiences who may not engage otherwise. Creative engagement also brings opportunities for celebration and fun within organising and movement building.
 - **Parents** – An abortion myth is that those who access it are young, single, and childfree. This is not supported by statistics on abortion. [Parents can be strong allies](#) and can help to link abortion to wider reproductive injustices in society, such as access to social support and childcare provision.
 - **Politicians and political parties** – Many political parties have set positions on abortion which individual members cannot deviate from. When parties deem abortion a matter of conscience there is an opening to have conversations about nuance around positions on abortion. For example, in Northern Ireland [knowledge exchange seminars](#) were an opportunity to present factual evidence on abortion and global comparisons.
 - **LGBT+ movement** – Abortion rights and LGBT+ movements have worked in tandem in Northern Ireland, with both same sex marriage and abortion being decriminalised at the same time. A coalition with groups who have also been denied rights is a means by which to build a stronger voice and broader support. Restrictions for both communities are overlapping and often come from the same legislation and the same opposing actors.
 - **Disability rights movement** – Disability rights have been co-opted by anti-abortion actors to oppose abortion on the grounds of fetal anomaly. This ignores the voices of disabled individuals who may need to access abortion and those who support abortion rights.
 - **International allies** provided solidarity, shared knowledge, and supported activities. International and transnational networks can also provide material support, for example through the provision of abortion pills or by bringing awareness globally to rights violations.



All Images from the Array Collective exhibition entitled "Those Actual Words" shown Framework Belfast February 2018

3.

Using and respecting lived experience

The stigma and silence around abortion means that many people believe it is rare and have little understanding of decision-making and experiences, particularly the difficulties of access under restrictive laws. For this reason, abortion rights groups often make use of individual stories, as they are a means by which to connect and empathise with people. Stories can be told in a range of formats – in ‘speak outs’ either by those who have had abortions or as online and anonymously retellings, or as reconstructed stories using a hybrid of a range of experiences.

They can also be powerful when submitted as evidence for national and international committees and human rights bodies. Storytelling is an incredibly powerful method of connecting to the reality of abortion beyond facts and statistics. In fact, the exit poll following Ireland’s referendum to repeal the 8th amendment showed that 43% of respondents were influenced by personal stories in the media and 34% by experiences of people they knew. However, whilst storytelling is powerful and evocative, it also comes with risks and must be managed with strong support networks and recognition of diversity of experience. It must also be recognised that not everyone wants to tell their abortion story and that it is not their duty to do so.

- **Support networks around storytelling** – Storytellers must be supported in telling their stories. In some cases the media have picked up on particular stories which then get retold over time, with certain storytellers becoming faces of movements. Others may face stigma or rejection from friends, family, or community for telling their story. Activist groups can ethically support storytelling by providing a safe and comfortable environment, ongoing consent, anonymity if required, and no direct access for journalists unless requested by the person directly impacted.
- **Reinforcing ‘good’ and ‘bad’ abortion narratives** – Emotive stories are more likely to attract public attention and to resonate with people. However, the majority of stories about abortion may not fall in this category and may remain unheard, thus reinforcing the idea that some abortions are acceptable and others less so. Storytelling should highlight the multiplicity of experience.

- **The role of negative stories and emotion** – Not everyone will feel positive about their abortion, and negative stories of regret or treatment are often used by anti-abortion groups as a lobbying tool. However, pro-choice groups should not silence or ignore these stories, as the normalisation of abortion also includes the normalisation of ambivalent and negative emotions surrounding abortion experiences.
- **Anonymity and the use of online space** – Not all storytellers want to make themselves visible. The submission of stories anonymously has been used by a wide range of groups, including [In her Shoes NI](#), and allows a varied range of stories to be presented online, reducing risks to those who tell them.

Passport Butterfly Portrait of activist, using nail, from "An Appropriate Hobby" Emma Campbell 2014

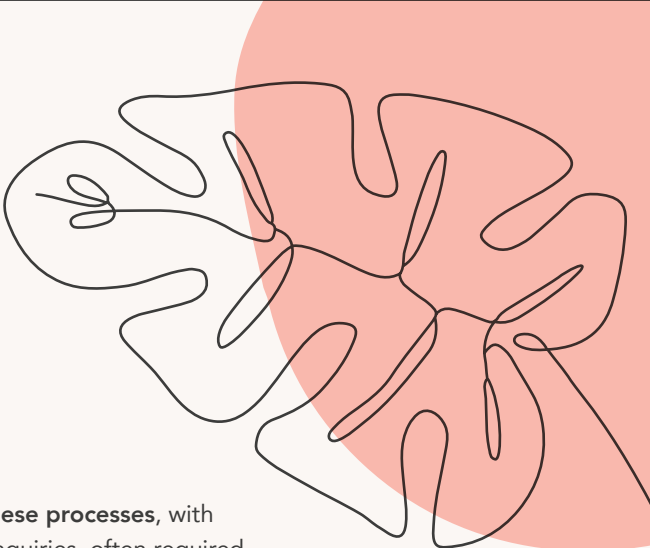
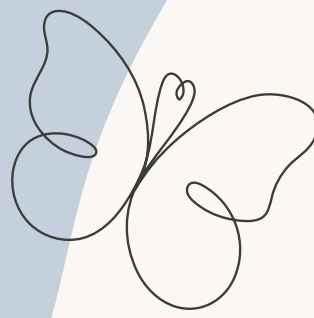



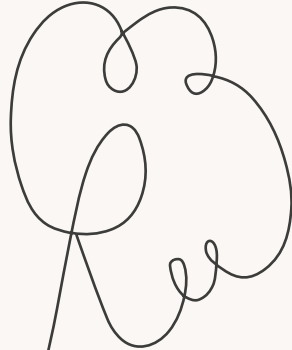
Passport Butterfly Portrait of activist, in Bell Jar, from "An Appropriate Hobby" Emma Campbell 2014



4. Knowing processes

Struggles for abortion law reform can involve utilising a myriad of processes, at local, national, and international levels. Many are complex both politically and legally and need a range of people with particular skills to inform and interpret. For example, in Northern Ireland a range of judicial reviews involving health guidelines were undertaken in local courts, human rights challenges which reached national courts, an international inquiry by the UN Committee for the Elimination of Discrimination Against Women (CEDAW), and a Westminster inquiry by the Women and Equalities Committee. Such processes take a long time and involve particular knowledge or expertise to navigate.

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- **Written evidence is needed in these processes**, with oral evidence, appearing before inquiries, often required too. Compiling responses to consultations and supplying written evidence to courts and inquiries requires skills in gathering evidence, providing analysis if needed, alongside recommendations. Particular care and attention is needed for those providing their abortion stories to ensure that they are supported throughout the process. Evidence can be offered anonymously in many settings, an issue of particular importance to those telling their personal abortion stories.
 - **A wide range of actors can help make pathways** into different processes, enabling progress to be made on different fronts. In Northern Ireland, for instance, experts at an international level led on requesting the CEDAW inquiry in 2010 and came to the fore again when the inquiry took place in 2016.
 - **Academic research used by campaigners** – Campaigners brought in lobbying expertise and guided those with direct experience of abortion or having been denied an abortion. Research gathered could then be used for consultation responses to policy and legal proposals.

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- **Knowledge-exchange** between activists and academics was a two-way process. Working through processes, activists also became experts in the legal and political nuances of abortion, and academics gained knowledge on everyday issues impacting on activists and abortion seekers.
 - **Dealing with hostile institutions** can be demoralising and extremely frustrating. Policy documents, for instance, can be constructed in a deeply flawed manner; institutions can try to invoke rules to block change or introduce spurious processes. Persistency and solidarity with allies is needed to keep the momentum for change moving forward.
 - **Frustrations are keenly felt** when prosecutions occur. In Northern Ireland, two cases in particular resulted in a sustained public outcry and garnered substantial international attention – A young woman was prosecuted for self-managing her own abortion and another woman was prosecuted for procuring abortion medication for her teenage daughter. Hundreds of activists [signed a public letter](#) stating that they had either taken

abortion medication themselves or helped procure it. Public protests were held outside the courts. These served to increase the visibility of the cases and provide demonstration of solidarity to those who had been threatened with prosecution. Visibility helped to shift public opinion particularly on criminalisation for seeking an abortion.

- **Producing 'gold standard' legislation** or framing abortion within international human rights standards can be a powerful way to insert wider claims for access in legal and global language and prevent acting only in defence of anti-abortion claims.
 - **Subverting/changing processes** – In situations where abortion is illegal or restricted, activists provide material support through helping abortion seekers access abortion pills and also through providing broader support. For example, Alliance for Choice have trained [abortion doulas](#) to help support people through their abortions.
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Conclusions

As evidenced throughout this document, the long process of organising to change Northern Ireland's abortion laws involved the mobilising of a broad range of strategies over a long period of time.

Even after legal reform, issues with access mean that organising continues to ensure that women and pregnant people can access abortion, highlighting the fact that there is rarely an 'end point' in advocating for abortion rights. Work is also ongoing to combat abortion stigma and to help care for people going through an abortion. With this document we have summarised some of the key methodologies of activists in Northern Ireland with the understanding that whilst there cannot be a fixed approach to abortion movements, there are learnings and approaches that can help groups and stakeholders in other contexts strategise and organise.

Further resources

[Alliance for Choice](#)

[International Planned Parenthood Federation](#)

[Abortion Support Network](#)

[Inroads](#)

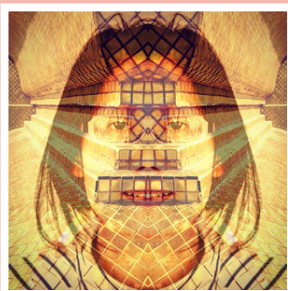
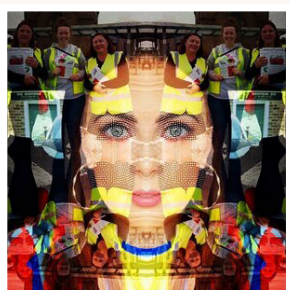
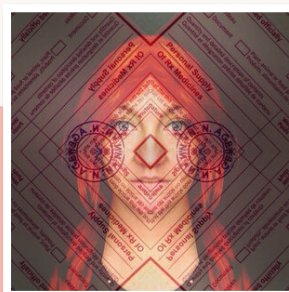
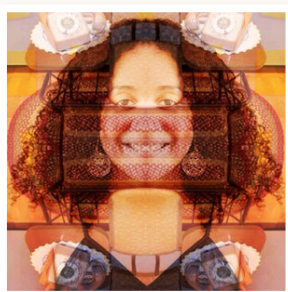
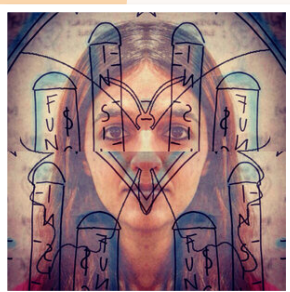
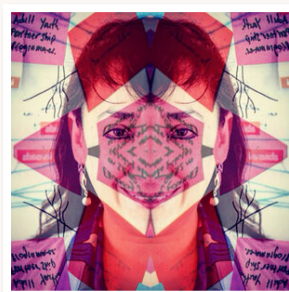
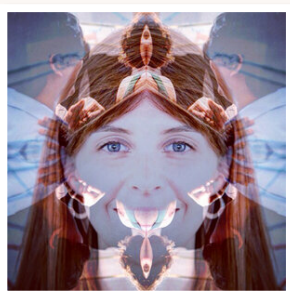
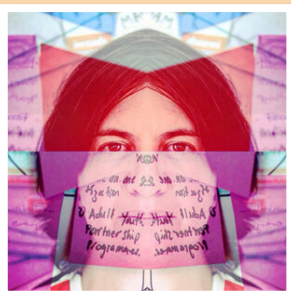
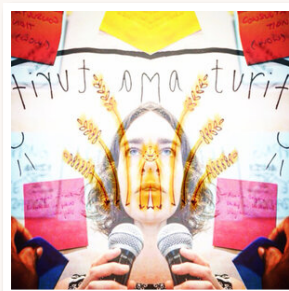
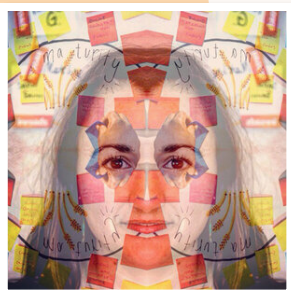
[Center for Reproductive Rights](#)

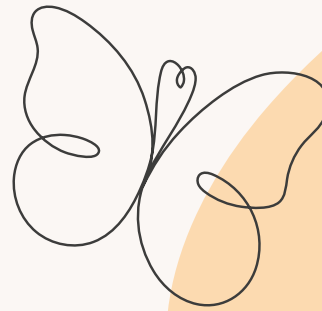
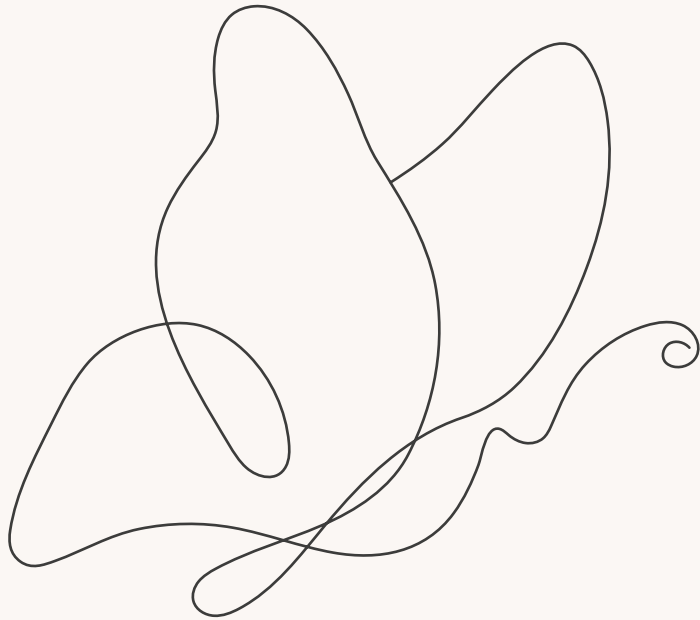
[Women Help Women](#)

[Faith Voices for Reproductive Justice](#)

[Women on Web](#)

[Guttmacher Institute](#)





To find out more about any of the details
within this report, please contact:

Dr Claire Pierson, University of Liverpool
c.pierson@liverpool.ac.uk